

# Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, please contact your Benefit Office, Financial Benefit Services, or log on to [www.regionxibc.com](http://www.regionxibc.com). For insurance questions, you may call FBS at (800) 583-6908 to speak to a representative.

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## Online Enrollment & Benefit Plan Information

Provider Name: **Financial Benefit Services**  
Contact Name: **Richard Peace**  
Provider Phone Number: (469) 385-4640 / (800) 583-6908  
Provider Web Address: [www.FBSBenefits.com](http://www.FBSBenefits.com)

## Educational Service Center Information

Provider Name: **ESC Region XI**  
Contact Name: **Teri Pickett**  
Provider Phone Number: (817) 740-7663  
Provider Web Address: [www.esc11.net/bc/benefitscoop](http://www.esc11.net/bc/benefitscoop)

## TRS-ActiveCare Medical Plan Information

Provider Name: **Blue Cross Blue Shield**  
Provider Phone Number: (866) 355-5999  
Provider Web address: [www.trs.state.tx.us/trs-activecare](http://www.trs.state.tx.us/trs-activecare)

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**Benefit Web Address: [www.regionxibc.com](http://www.regionxibc.com)**

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### Flexible Spending Accounts (FSA)

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**NEW** Provider Name: **National Benefit Services (NBS)**

Provider Web Address: [www.NBSBenefits.com](http://www.NBSBenefits.com)

Provider Phone Number: (800) 274-0503 / Fax (800) 478-1528

### OraQuest PPO Dental Information

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Provider Name: **OraQuest**

*(Group numbers differ for each district)*

Verification of Benefits Number: (877) 493-6282

Provider Search: [www2.dentemax.com/members/FindaDentist.aspx](http://www2.dentemax.com/members/FindaDentist.aspx)

Provider Web Address: [www.firstcontdental.com](http://www.firstcontdental.com)

### Guardian DHMO Dental Plan Information

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Provider Name: **Guardian (Managed DentalGuard – TX)**

Group Number: **429340**

Verification of Benefits Number: (888) 618-2016

Provider Search: [www.geoaccess.com/guardian/po56](http://www.geoaccess.com/guardian/po56)

Provider Web Address: [www.glic.com](http://www.glic.com)

### Block Vision Plan Information

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Provider Name: **Block Vision**

Group Number: **320580**

Provider Phone Number: (866) 265-0517 / Verification of Benefits: (800) 883-5747

Provider Web Address: [www.blockvision.com](http://www.blockvision.com)

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## UNUM Disability Plan Information

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Provider Name: **UNUM**  
Provider Phone Number: (800) 858-6843  
Provider Web Address: [www.unum.com](http://www.unum.com)

## American Public Life Cancer Plan Information

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Provider Name: **American Public Life (APL)**  
Provider Phone Number: (800) 256-6736  
Provider Web Address: [www.ampublic.com](http://www.ampublic.com)

## Dearborn National Basic Life/AD&D Plan Information

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Provider Name: **Dearborn National**  
Provider Contact: **Financial Benefit Services**  
Provider Phone Number: (469) 385-4240 / (800) 583-6908  
Provider Web Address: [www.dearbornnational.com](http://www.dearbornnational.com)

## Loyal American Accident Plan Information

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Provider Name: **Loyal American**  
Provider Phone Number: (800) 633-6752  
Provider Web Address: [www.gasbinsurance.com](http://www.gasbinsurance.com)

## ID Watchdog Plan Information

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Provider Name: **ID Watchdog**  
Provider Phone Number: (800) 237-1521/Fax 888-274-8658  
Provider Web Address: [www.idwatchdog.com](http://www.idwatchdog.com)

## Section 125 Plan Information

### INTRODUCTION

In this booklet you will find an overview of the Section 125 Cafeteria plan, along with the voluntary plans available through Financial Benefit Services.



### WHAT IS A CAFETERIA PLAN?

It allows you to deduct certain premium amounts for benefits from your gross earnings before federal withholding taxes are figured. It is a way for you to pay for certain benefits while lowering your taxable income. Please see the following “sample paycheck” which illustrates the benefit of participating in Section 125.

### WHAT BENEFITS ARE AVAILABLE?

A summary of available benefits follows. Please read all information carefully and always refer to the brochure on a particular coverage for more detailed information.

### HOW DO I ENROLL?

An open enrollment period will take place at approximately the same time each year at which time you may make changes to your benefits or add new benefits.

### CHANGES TO BENEFITS

Mid-year changes in benefit elections can occur only if you experience a family status change, as detailed in this benefit guide.

You must present proof of a family status change to your Benefit Office within 30 days of your family status change and meet with Benefit Office staff to complete and sign the necessary paperwork in order to make any benefit election changes.

## Section 125 Plan Information

### SECTION 125 PLAN

The example below shows how a married employee claiming 1 exemption saves taxes when she pays for her insurance coverages on a pre-tax basis.

<u>WITH SECTION 125</u>		<u>WITHOUT SECTION 125</u>	
Monthly Salary	\$2,000	Monthly Salary	\$2,000
Less TRS	- 128	Less TRS	- 128
Less Insurance	- 250		
	<hr/>		<hr/>
Taxable Income	\$1,622	Taxable Income	\$1,872
Less Taxes	- 186	Less Taxes	- 228
	<hr/>	Less Insurance	- 250
			<hr/>
<b>TAKE HOME PAY</b>	<b>\$1,436</b>	<b>TAKE HOME PAY</b>	<b>\$1,394</b>
	=====		=====

### SAVINGS

You save \$42 per month in taxes by paying for your benefits on a pre-tax basis. This means more spendable income at the end of the month to use for additional benefits or to increase your take home pay.



## Section 125 Plan Information

### SPECIAL RULES REGARDING SECTION 125 CAFETERIA PLAN

*There are three very important issues to keep in mind:*

- ⇒ Although all coverage is voluntary (you may pick and choose), **every employee is required to sign his or her Section 125 Benefit Election Form**, even if he or she selects no benefits or chooses to keep current benefits the same.
  
- ⇒ **All benefit elections will remain in effect and cannot be revoked or changed during this plan year unless you have one of the following changes in family status:**
  - \* Marriage
  - \* Divorce
  - \* Birth
  - \* Adoption
  - \* Death
  - \* Termination or change in employee or spouse's employment (full-time to part-time / part-time to full-time status)
  - \* Change in eligibility status of a dependent (attains maximum eligibility age / meets and/or ceases student status qualification)
  - \* Loss or curtailment in health coverage of employee or spouse due to change in spouse's employment and upon meeting a required eligibility period
  
- ⇒ **New Hires must enroll in benefit elections within 30 days from their date of hire.** After 30 days, an employee will not be allowed to enroll in benefits until the next open enrollment period without a family status change.

#### TOLL-FREE HELP LINE AVAILABLE

In an effort to give you a faster response to questions concerning your benefits, there is a toll-free number to call. If you have a question concerning how your benefits work, how to file a claim, or if you need other policy information, call Financial Benefit Services, LLC at (469) 385-4640 / (800) 583-6908.

## 2011-2012 Benefit Summary

### Medical & Dependent Care Reimbursement—NEW NBS

p 10 - 15

**A summary of how the reimbursement plan works and how to file claims is available in the benefit guide.** Tax-sheltered flexible spending accounts allow an individual to set aside dollars on a pre-tax basis to pay for future health care and dependent care expenses. Eligible expenses must be incurred within the current plan year (09/01/2011-08/31/2012).

- ⇒ The **medical reimbursement maximum** is \$200/month up to **\$2,400.00/yr, \$3,000/yr, \$3,600/yr or \$5,000/yr**. Amounts are chosen by each individual district.
- ⇒ The **dependent care reimbursement maximum** is \$416.66/month or \$5,000.00/year\* if filing jointly.

### Passive PPO Dental—First Continental Life/Oraquest

p 16 - 19

**Oraquest is the dental PPO provider.** This is a passive PPO dental plan that gives the participant the freedom to choose ANY DENTIST. There is a \$1,000 annual maximum. A \$50 annual deductible for Type II and Type III services. No deductible for preventative services. Cleanings are covered once every 6 months. Dental premiums are deducted on a pre-tax basis unless specified otherwise.

**High PPO Plan** - There are no waiting periods for Type I and Type II services. Endodontics and Periodontics are covered in Type III services that have a 12 month waiting period. Type I services are paid at 100%, Type II services are paid at 80% and Type III services are paid at 50% of reasonable and customary rates. Orthodontics covered only for children under 19, with a \$1,000 lifetime maximum. **\*The 12 month waiting period for major services (Type III) is waived for the 1<sup>st</sup> year ONLY of the plan's implementation in your district.**

Employee Only: \$29.77 per month  
Employee + Spouse: \$62.03 per month

Employee + Child(ren): \$69.22 per month  
Employee + Family: \$106.08 per month

**Low PPO Plan** - This plan covers only Type I and Type II services with no waiting periods. Endodontics and Periodontics are covered in Type II services. Type I services are paid at 100%, Type II services are paid at 80% of reasonable and customary rates. No Orthodontics are covered on this plan.

Employee Only: \$23.55 per month  
Employee + Spouse: \$47.12 per month

Employee + Child(ren): \$49.47 per month  
Employee + Family: \$75.73 per month

### DHMO Dental Insurance—Guardian

p 20 - 23

**Guardian is the DHMO dental provider.** In-network providers must be used for all services. A provider search is available online. Office visit co-pay is \$5.00. All services are paid per the plan schedule co-pay amount so plan members always know the out of pocket costs. **NO WAITING PERIODS & NO LIFETIME MAXIMUMS.** No exclusions for pre-existing conditions. Orthodontic services are covered for both children and adults. A referral is required from the member's primary care dentist to see a specialty dentist. A pediatric dentist is a specialist and a referral will only be considered for children under the age of 6. Dental premiums are deducted on a pre-tax basis unless specified otherwise.

Employee Only: \$11.36 per month  
Employee + Spouse: \$17.97 per month

Employee + Child(ren): \$24.64 per month  
Employee + Family: \$29.26 per month

## 2011-2012 Benefit Summary

### Vision Insurance—Block Vision

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Members pay a co-pay for in-network benefits. Both private and retail providers are available in the online provider search. Exam co-pay is \$10.00 and materials co-pay is \$10.00. Out-of-network vision services are reimbursed up to a certain dollar amount for covered expenses. Exam, lenses and frames (within plan allowances) are covered in-network with a co-pay once every 12 months. Plan covers contacts in lieu of glasses. See plan summary for further information. Vision premiums are deducted on a pre-tax basis unless specified otherwise.

**Employee Only: \$8.60 per month**

**Employee + Spouse: \$14.65 per month**

**Employee + Child(ren): \$15.50 per month**

**Employee + Family: \$23.25 per month**

### Long Term Disability—Unum

p 26 - 34

This insurance is designed to provide a monthly income to an individual that is disabled due to an accident or illness. Benefits are payable up to 12 weeks for injury and sickness with a 7 day elimination period. See plan brochure for further information. Eligible employees can enroll or increase coverage for up to a \$2,000 monthly benefit, based on 60% of weekly income, without providing evidence of insurability\*\*.

**\*Disability premiums are deducted on an after-tax basis.**

**\*\*All new coverage or increases in coverage will be subject to a 12 Month Pre-Existing Exclusion.**

### Cancer Insurance—American Public Life

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Everyone can apply on a Guaranteed Issue Basis (**NO HEALTH QUESTIONS ASKED.**) However, no benefits are payable during the first year of coverage for a pre-existing condition. Cancer insurance is designed to be a supplement and pays for many of the costs not covered by your major medical insurance. This plan pays in addition to other coverage you may have. This plan reimburses up to \$50 per calendar year for cancer screening tests on each insured person. Optional rider is available for ICU benefits. Continuation rider added this year which make the policies portable after you leave the district. Premiums are deducted on a pre-tax basis unless specified otherwise.

**Low Option Base Only**

Employee Only: \$16.30/mo

Employee + Child(ren): \$22.80/mo

Employee + Family: \$29.00/mo

**High Option Base Plan Only**

Employee Only: \$32.40/mo

Employee + Child(ren): \$44.60/mo

Employee + Family: \$56.60

**Low Option Plus ICU Rider**

Employee Only: \$19.60/mo

Employee + Child(ren): \$27.30/mo

Employee + Family: \$35.90/mo

**High Option Plus ICU Rider**

Employee Only: \$35.70/mo

Employee + Child(ren): \$49.10/mo

Employee + Family: \$63.50/mo

## 2011-2012 Benefit Summary

### Basic Life Insurance—Dearborn National

p 37 - 39

Eligible employees with each school district receive Base Life and AD&D as an employer paid benefit. Amounts are specific to district and a reduction schedule does apply. *(Must meet a minimum number of hours worked per week and actively at work requirement.)*

### Term Life/AD&D Insurance—Dearborn National

p 37 - 39

**Voluntary Term Life** – The voluntary group term life plan with Dearborn National is an age banded rate plan that allows benefits of up to \$500,000 in increments of \$10,000, based on salary, for employee and spouse and increments of \$5,000 or \$10,000 for dependent children. Reduction schedules will apply to employee and spouse coverage beginning at age 65. **New 2011-2012 co-op school districts and new employees** who enroll within 30 days of their hire date can apply on a Guaranteed Issue Basis (**NO HEALTH QUESTIONS ASKED!**) up to \$230,000 for employee (not to exceed 5 times salary), up to \$50,000 for spouse and up to \$10,000 for children.

*\*Must meet actively at work requirement*

*\*\*Employees must elect coverage on self to insure dependents*

*\*\*\*Evidence of insurability will be required for anyone who takes an amount over the guarantee issue level.*

**Voluntary AD&D** – Dearborn National voluntary accidental death and dismemberment benefits can be taken in \$10,000 increments up to \$500,000. Individual coverage is available at \$0.40 per \$10,000 increment or Family coverage is available at \$0.70 per \$10,000 increment. Spouse will be insured for 50% and eligible children will be insured for 10% of the Principal Sum on the insured employee. This coverage does exclude certain hazardous activities; see policy for specific information. *\*\*\*Group Term life and AD&D premiums are deducted on an after-tax basis.*

### Accident Insurance—Loyal American

p 40 - 43

This policy pays benefit amounts for covered medical expenses as a result of an accident. This policy pays in addition to what your medical carrier pays and the money comes to you, not to your medical provider. It also pays for costs that traditional medical insurance doesn't pay for like family transportation and lodging costs. Premiums are deducted on a pre-tax basis unless specified otherwise.

**Employee Only: \$12.70 per month**

**Employee + Spouse: \$19.50 per month**

**Employee + Child(ren): \$20.40 per month**

**Employee + Family: \$27.20 per month**

### NEW Identity Theft Protection—ID Watchdog

p 44 - 46

ID Watchdog provides identity theft and recuperation. With ID Watchdog, you receive best in class identity monitoring of your most vulnerable personal information across thousands of databases, instant alerts of possible threats, and a 100% resolution guarantee in the event you do fall victim to identity theft. Rates for ID Watchdog's plan are as follows:

**Employee Only: \$7.95 per month**

**Employee + Family: \$14.95 per month**